
TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

Economic Impact Statement
LSA Document #19-602**IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses**

The Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) proposes to:

1. Amend [405 IAC 2-1-1](#) through [405 IAC 2-1-3](#), [405 IAC 2-1.1-1](#), [405 IAC 2-1.1-5](#), [405 IAC 2-2-1](#), [405 IAC 2-2-2](#), [405 IAC 2-3-1.1](#), [405 IAC 2-3-1.2](#), [405 IAC 2-3-2](#), [405 IAC 2-3-4](#), [405 IAC 2-3-14](#), [405 IAC 2-3-17](#), [405 IAC 2-3-22](#), [405 IAC 2-3-24](#), [405 IAC 2-3.2-1](#), [405 IAC 2-3.2-6](#), [405 IAC 2-3.3-1](#), [405 IAC 2-4-1](#), [405 IAC 2-8-1](#), [405 IAC 2-8-2](#), [405 IAC 2-9-1](#) through [405 IAC 2-9-8](#), and [405 IAC 2-10-1](#) through [405 IAC 2-10-9](#) to update definitions and terminology.
2. Amend [405 IAC 2-1.1-7](#) to update definitions and terminology and add criteria for post-eligibility treatment of income for members receiving home and community based service waivers.
3. Add [405 IAC 2-1.1-10](#) to create eligibility criteria for End Stage Renal Disease (ESRD) services for members that are not otherwise eligible under the Medicaid state plan.
4. Add [405 IAC 2-2.5-1](#) through [405 IAC 2-2.5-3](#) to implement new Medicaid financial eligibility requirements under Modified Adjusted Gross Income standards.
5. Amend [405 IAC 2-3-12](#) to update the real property resource criteria for purposes of determining eligibility.
6. Amend [405 IAC 2-3-23](#) to conform to the most current supplemental security income (SSI) policies.
7. Add [405 IAC 2-3-25](#) to conform to state law at [IC 12-15-3-8](#) regarding college savings accounts.
8. Add [405 IAC 2-3.4-1](#) through [405 IAC 2-3.4-4](#) to set forth the requirements for presumptive eligibility determinations for other qualified providers.
9. Add [405 IAC 2-4-2](#) to clarify policy regarding burial spaces.
10. Add [405 IAC 2-4-3](#) to clarify policy regarding funeral expenses.
11. Add [405 IAC 2-6-3](#) to establish a Medicaid eligibility category for former foster care children.
12. Amend [405 IAC 2-8-1.1](#) to remove the expiration date of the section.
13. Add [405 IAC 5-39-1](#) through [405 IAC 5-39-3](#) to establish End Stage Renal Disease (ESRD) services for members that are not otherwise eligible under the Medicaid state plan.

Impact on Small Business

The following section provides responses to the following questions outlined in [IC 4-22-2.1-5](#):

1. An estimate of the number of small businesses, classified by industry sector, that will be subject to the proposed rule.

[IC 5-28-2-6](#) defines a small business as a business entity that satisfies the following requirements:

- (1) On at least fifty percent (50%) of the working days of the business entity occurring during the preceding calendar year, the business entity employed not more than one hundred fifty (150) employees.
- (2) The majority of the employees of the business entity work in Indiana.

The OMPP estimates that out of a total of 51,495 Medicaid-enrolled providers in Indiana that are impacted by these changes, there are 41,985 providers that may meet the criteria of a small business.

2. An estimate of the average annual reporting, record keeping, and other administrative costs that small businesses will incur to comply with the proposed rule.

The proposed rule amendment expands providers qualified to make presumptive eligibility determinations to include the following non-hospital providers: federally-qualified health centers, rural health clinics, community mental health centers, and local health departments. The rule also aligns the PE process under the Medicaid fee for service (FFS) program in order to provide more efficient access to care for PE adult members. The proposed rule amendment brings the administrative rules into conformity with current state law and/or policy. The proposed rule amendment also makes changes to definitions and terminology.

Participating in the presumptive eligibility program as a qualified provider is voluntary and will have minimal impact on providers that choose to become qualified for presumptive eligibility determinations. The impact on such providers will consist of minor additional administrative expenses in performing presumptive eligibility determinations. These additional expenses will be associated with training to become a qualified provider, training staff, educating patients about the program, and assisting patients with the presumptive eligibility application. Costs for small businesses affected by the rule will be offset by access to Medicaid reimbursement for providing care to patients during their period of presumptive eligibility.

The proposed rule does not otherwise impose any additional annual reporting, record keeping, or other administrative costs on small businesses in order to comply with the proposed rule.

3. An estimate of the total annual economic impact that compliance will have on small businesses subject to the rule.

The proposed rule amendment expands providers qualified to make presumptive eligibility determinations to include the following non-hospital providers: federally-qualified health centers, rural health clinics, community mental health centers, and local health departments. Participating in the presumptive eligibility program as a qualified provider is voluntary and will have minimal impact on providers that choose to become qualified for presumptive eligibility determinations. The impact on such providers will consist of minor additional administrative expenses in performing presumptive eligibility determinations. Costs for small businesses affected by the rule will be offset by access to Medicaid reimbursement for providing care to patients during their period of presumptive eligibility. In addition, the proposed rule amendment brings the administrative rules into conformity with current state law and/or policy and improves definitions and terminology.

There is no additional economic impact that compliance will have on small businesses subject to this rule, since no small businesses will incur any additional cost to comply with this rule.

4. A statement justifying any requirement or cost that is imposed by the rule and not expressly required by law. The statement must reference any data, studies, or analyses relied upon by the agency in determining imposition of the requirement or cost is necessary.

The proposed rule amendment expands providers qualified to make presumptive eligibility determinations in order to comply with the provisions of the agreement between FSSA and the federal Centers for Medicare and Medicaid Services (CMS). The proposed rule amendment also brings the rule into compliance with state law and improves definitions and terminology. The proposed rule amendment will not impose any requirement or cost on small businesses in order to comply with the proposed rule.

5. Any regulatory flexibility analysis that considers any less intrusive or less costly alternative methods of achieving the same purpose.

Other factors considered:

A. Establishment of less stringent compliance or reporting requirements for small businesses.

The proposed rule amendment expands providers qualified to make presumptive eligibility determinations, brings the rule into compliance with state law, and improves definitions and terminology. There are no less stringent compliance or reporting alternatives that would achieve these requirements.

B. Establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses.

The proposed rule amendment expands providers qualified to make presumptive eligibility determinations, brings the rule into compliance with state law, and improves definitions and terminology. There are no less stringent schedules or deadlines for compliance that would achieve these requirements.

C. Consolidation or simplification of compliance or reporting requirements for small businesses.

The proposed rule amendment expands providers qualified to make presumptive eligibility determinations, brings the rule into compliance with state law, and improves definitions and terminology. Consolidation or simplification of compliance reporting requirements would not achieve these requirements.

D. Establishment of performance standards for small businesses instead of design or operational standards imposed on other regulated entities by the rule.

The proposed rule amendment expands providers qualified to make presumptive eligibility determinations, brings the rule into compliance with state law, and improves definitions and terminology. Establishing performance standards for small businesses would not achieve these requirements.

E. Exemption of small businesses from part or all of the requirements or costs imposed by the rule.

The proposed rule amendment expands providers qualified to make presumptive eligibility determinations, brings the rule into compliance with state law, and improves definitions and terminology. Exempting small businesses from the proposed rule would not achieve these requirements.

If there are any programmatic or fiscal questions, please contact Gabrielle Koenig at (317) 234-9657 or at gabrielle.koenig@fssa.in.gov. Questions regarding any other aspect of the proposed changes should also be addressed to Chelsea Princell at (317) 232-1161 or at chelsea.princell@fssa.in.gov.

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